

UNITED STATES DISTRICT COURT

for the

Southern District of Illinois

Michael Widmer)
Plaintiff(s))
Tyrowe Bates et al)
Defendant(s))

Case Number:

12-CV-1261

MOTION FOR APPOINTMENT OF COUNSEL

NOTE: Failure to complete all items in this form may result in the denial of this motion.

1. I, Michael Widmer, declare that I am the (check appropriate box)
☒ plaintiff ☐ defendant in this proceeding, I am unable to afford the services of an attorney, and I request that the Court appoint counsel to represent me in this proceeding.

2. In support of my motion, I declare that I have contacted the following attorneys/organizations seeking representation in this case: (This item must be completed, and you should attach documentation showing that you have asked several attorneys to represent you in this case.)

Attorney Jerry Weinman didn't respond - See Ex A
Attorney Kristine Argentine declined - See Ex B
Attorney Thomas Powers declined - See Ex C

but, I have been unable to find an attorney because: they didn't respond or declined.

I also wrote to attorneys Matt Hart-rich and Robert Bas but neither responded. I have no knowledge of law and past brain injuries.

3. In further support of my motion, I declare that (check appropriate box):

☒ I am not currently and previously have not been represented by an attorney appointed by the Court in this or any other civil or criminal proceeding before this Court.

☐ I am currently, or previously have been, represented by an attorney appointed by the Court in the proceeding(s) described on the back of this page.

4. In further support of my motion, I declare that (check appropriate box):

☐ I have attached an original Application for Leave to Proceed *In Forma Pauperis* in the proceeding detailing my financial status.

☒ I have previously filed an Application for Leave to Proceed *In Forma Pauperis* in this proceeding, and it is a true and correct representation of my current financial status.

☐ I have previously filed an Application for Leave to Proceed *In Forma Pauperis* in this proceeding, however, my financial status has changed. I have attached an Amended Application to Proceed *In Forma Pauperis* showing my current financial status.

5. ☐ (Check one box) In further support of my motion, I declare that my highest level of education is:

☐ Grammar school only

☐ Some high school

☒ High school graduate

☐ Some college

☐ College graduate

☐ Post-graduate

6. ☐ (Check **only** if applicable) In further support of my motion, I declare that my ability to speak, write, and/or read English is limited, because English is not my primary language OR because:

7. I declare under penalty of perjury that the foregoing is true and correct.

Michael Widmer
Movant's Signature

B30985 K-75 10930 Lawrence Road
Street Address

Date

Summer IL 62466
City, State, Zip

As indicated in paragraph three on the preceding page, I am currently, or previously have been, represented by an attorney by this Court in the civil or criminal actions listed below.

Assigned Judge: _____ Case Number: _____
Case Title: _____
Appointed Attorney Name: _____
If this case is still pending, please check box ☐

Assigned Judge: _____ Case Number: _____
Case Title: _____
Appointed Attorney Name: _____
If this case is still pending, please check box ☐

Assigned Judge: _____ Case Number: _____
Case Title: _____
Appointed Attorney Name: _____
If this case is still pending, please check box ☐



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September 4, 2012

ATTORNEY COMMUNICATION

Mr. Michael Widmer
Prison No.: B30985
Stateville Correctional Center
P.O. Box 112
Joliet, IL 60434

Dear Mr. Widmer:

I am writing to let you know that I have received a letter from you dated August 2, 2012 regarding the improper medical treatment you are receiving from the IDOC and Wexford. We have made a copy of the letter from your counselor and are returning the original to you. We currently have a team pursuing a potential class action on behalf of all IDOC inmates against both Wexford and the IDOC concerning medical treatment. Unfortunately, because of the class action we do not have the time or resources to pursue any individual lawsuits, therefore, we cannot represent you in an individual case.

However, it is our hope that our class action, if successful, will help all IDOC inmates receive proper medical care. In order to do so, we are attempting to collect as much documentation regarding improper medical care as possible and would be interested in seeing your grievances and other documents because improper distribution of medication is one of the issues we are addressing in our complaint.

Very truly yours,

SEYFARTH SHAW LLP

A handwritten signature in cursive script, appearing to read 'Kristine Rinella Argentine'.

Kristine Rinella Argentine

Enclosures

cc: Jason Stiehl

14805034v.1



LAW OFFICES

POWER ROGERS & SMITH, P.C.

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55th Floor, Chicago
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December 18, 2012

Michael L. Widmer (B30985)
10930 Lawrence Road
Sumner, IL 62466

Joseph A. Power, Jr.
Larry R. Rogers
Todd A. Smith
Thomas G. Siracusa
Thomas M. Power
Larry R. Rogers, Jr.
Devon C. Bruce
Joseph W. Balesteri
Sean M. Houlihan
Brian LaCien
Carolyn Daley Scott
Jonathan M. Thomas
Kathryn L. Conway

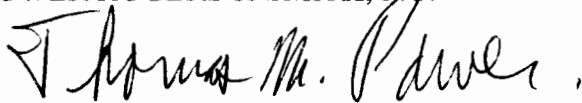
Dear Mr. Widmer:

I am in receipt of your correspondence dated November 12, 2012.

Please be advised that our firm does not handle the type of matters addressed in your letter. Therefore, I am returning herewith your letter, together with the materials you sent to our office.

Very truly yours,

POWER ROGERS & SMITH, P.C.



Thomas M. Power

TMP/sl
Enclosures

Offender Authorization for Payment

Posting Document # _____ Date 11-18-12
 Offender Name WIDMER ID# B30985 Housing Unit seg COT

Pay to _____

Address _____

City, State, Zip _____

The sum of _____ dollars and _____ cents charged to my trust fund
 account, for the purpose of Legal Postage Atty Jerry Wernan - ~~Legal Postage~~

☒ I hereby authorize payment of postage for the attached mail. ☐ I hereby request information on electronic funds transfers to be placed in the attached mail.

Offender Signature Widmer ID# B30985

Witness Signature _____

☐ Approved ☐ Not Approved Chief Administrative Officer Signature _____

Postage applied in the amount of _____ dollars and 45 cents.

Distribution: Business Office, Offender

Printed on Recycled Paper

[Handwritten signature]

LEGAL *[Handwritten checkmark]*

DOC 0296 (Eff. 1/2006)
 (Replaces DC 828)